

AGA ENVIRONMENTAL, INC.

October 19, 2016

US Environmental Protection Agency – Region 2
Division of Enforcement * Compliance Assistance
Air Compliance Branch (DECA-ACB)
290 Broadway – 21st Fl, New York, NY 10007-1866

Attn: Max Rehfeld

Re: BOCES
James E Allen Elementary School
762 Deer Park Road
Dix Hills, NY

ENV. PROT. AGENCY
REGION II
2016 OCT 25 PM12:15
AIR COMPLIANCE BR.
McLean

Dear Mr. Rehfeld:

Please be advised that the above referenced project notification has the following changes:

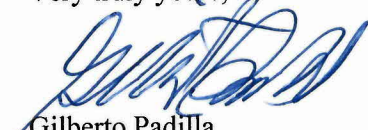
VII. Approximate amount of asbestos

Please reduce the square feet amount from 2,500 to 2,000 (500 sf reduction)

Attached is the notification with the appropriate changes.

If you have any questions or need additional information do not hesitate to call my office.

Very truly yours,


Gilberto Padilla
President

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work to be performed under full containment. Material to be wetted before, during and after removal. A decontamination unit will be attached to the work area and the area will be under negative pressure to obtain, at least, 6 air changes per hour. All material to be wetted before during and after removals. All ACM to be double bagged, identified as asbestos and a generator label applied.

XII. WASTE TRANSPORTER #1

Name: TRI-STATE TRANSFER ASSOCIATES, INC. PERMIT NO. 2A456

Address: 1199 RANDALL AVENUE

City: BRONX State: NY ZIP: 10474

Contact Person: RON FINK Telephone: 718-617-0771

XIII. WASTE TRANSPORTER #2

Name: AGA ENVIRONMENTAL, INC. PERMIT NO. 1A1101

Address: 23 SHEER PLAZA

City: PLAINVIEW State: NY ZIP: 11803

Contact Person: GILBERTO PADILLA Telephone: (516) 420-0001

XIII. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES

Address: 9000 MINERVA ROAD

City: WAYNESBURG State: OHIO ZIP: 44688

Telephone: 330-866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: Title:

Authority:

Date If Order (MM/DD/YY): Date Order to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLE, PULVERIZED, OR REDUCED TO POWDER:

THIS PROJECT WILL BE PERFORMED UNDER FULL CONTAINMENT

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

OCTOBER 19, 2016

DATE

XVIII. I CERTIFIED THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

OCTOBER 19, 2016

Date

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification#	
I. Type of Notification (O = Original R = Revised C = Cancelled) R				
II. FACILITY INFORMATION (identify owner, removal, contractor, and other operator)				
OWNER NAME: BOCES WESTERN SUFFOLK				
Address: PO BOX 8007				
City: HUNTINGTON STATION	State: NY	Zip: 11746-9007		
Contact: JIM MEADE		Tel: 631 242-6128		
REMOVAL CONTRACTOR: AGA ENVIRONMENTAL				
Address: 23 SHEER PLAZA				
City: PLAINVIEW	State: NY	Zip: 11803		
Contact: GILBERTO PADILLA		Tel: 516 420-0001		
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=RENOVATION E=EMER Asbestos Removal Renovation)				
IV. IS ASBESTOS PRESENT? (Yes/No) Yes				
V. FACILITY DESCRIPTION (include building name, number and floor or room number)				
Bldg. Name: JAMES E. ALLEN SCHOOL				
Address: 762 DEER PARK ROAD				
City: DIX HILLS	State: NY	County: SUFFOLK		
Site Location: ROOMS 220, 221, 222, 223 AND ADJACENT CORRIDOR				
APPROXIMATELY 80,000 SF		# of Floor: 1	Age in Years: 35+	
Present Use: SCHOOL		Prior Use: NA		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: BULK SAMPLING				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Non-Friable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area - CEILING FIRE PROOFING				Sq. Ft: 2,000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)				
Start:		STARTS: 8/19/16	ENDS: 12/31/16	
IX. SCHEDULE DATES DEMO/RENOVATION (MM/DD/YY)				
start:		Complete:		

NOTIFICATION OF DEMOLITION AND RENOVATION

ENV. PROT. AGENCY
SECTION II

2016 OCT 25 PM 12:16
Notification#
AIR COMPLIANCE BR.

William

Operator Project #	Postmark	Date Received		
I. Type of Notification (O = Original R = Revised C = Cancelled) O				
II. FACILITY INFORMATION (identify owner, removal, contractor, and other operator)				
OWNER NAME: TRIBOROUGH BRIDGE AND TUNNEL AUTHORITY – PROJECT QM-30				
Address: 1050 50TH AVENUE				
City: LONG ISLAND CITY	State: NY	Zip: 11101		
Contact: TERRY CULLEN.	Tel: (718) 349-4218			
REMOVAL CONTRACTOR: AGA ENVIRONMENTAL				
Address: 23 SHEER PLAZA				
City: PLAINVIEW	State: NY	Zip: 11803		
Contact: GILBERTO PADILLA	Tel: (516) 420-0001			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=RENOVATION E=EMER Renovation) Asbestos Removal				
V. IS ASBESTOS PRESENT? (Yes/No) Yes				
V. FACILITY DESCRIPTION (include building name, number and floor or room number)				
Bldg. Name: QUEENS VENTILATION BUILDING TBTA PROJECT NO. QM-30				
Address: 2-36 BORDEN AVENUE				
City: LONG ISLAND CITY	State: NY	County: QUEENS		
Site Location: QUEENS VENTILATION BUILDING				
Building Size: 	# of Floor: --	Age in Years: 		
Present Use: N/A	Prior Use: 			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: MATERIAL: BULK SAMPLING				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Non-friable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Cable / wire insulation				Ln Ft: 72 Ln M:
Surface Area –TRANSITE				Sq. Ft: 125 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)				
Start: 		Start: 11-01-16		Complete: 10-31-17
IX. SCHEDULE DATES DEMO/RENOVATION (MM/DD/YY) start: Complete: 				

**X. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
WORK TO BE PERFORMED FOLLOWING NYSDOL ICS 56 RULES AND REGULATIONS**

XI. WASTE TRANSPORTER #1 2A456

Name: TRI-STATE TRANSFER ASSOCIATES, INC.

Address: 199 RANDALL AVENUE

City: BRONX

State: NY

ZIP: 10474

Contact Person: RON FINK

Telephone: (718) 617-0771

XII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

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This project shall be performed under tent containment

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL HOURS. (Required 1 year after promulgation).

September 19, 2016

Signature of Owner/Operator

Date

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